

**Blue Shield of California Life & Health  
Insurance Company (Blue Shield Life)**



**Additional Contact Designation Form:  
Notice of Lapse or Termination of Life  
Insurance Policy for Non-Payment of Premium**

Policyholder name

Street address

City

State

ZIP code

Re: Policy #

**INSTRUCTIONS:**

Blue Shield Life will send you a notice of lapse or termination of your life insurance policy if your premium is not paid. This notice will be mailed to you at least 30 days prior to the termination of your policy. You also have the right to designate an additional contact person(s) to receive this notice. If you would like Blue Shield Life to send the notice of lapse or termination of your life insurance policy to your designated contact person, please check the box below and provide the requested information. You have the right to change your designation at any time. Please indicate your policy number in the field above.

The completed form should be mailed to:

**Blue Shield of California, Installation & Membership  
P.O. Box 629014  
El Dorado Hills, CA 95762-9014**

Please allow 10 days for Blue Shield Life to process your request. In the event premium payments are not received, you and your contact person(s) will then be notified at least 30 days prior to the lapse or termination of your life insurance policy.

I would like to designate an additional person(s) to receive the 30-day notice of lapse or policy termination from Blue Shield Life.

**Contact person #1**

First name

Last name

**Mailing address**

Street address

City

State

ZIP code

**Telephone number**

Area code

Phone number

**Contact person #2**

First name

Last name

**Mailing address**

Street address

City

State

ZIP code

**Telephone number**

Area code

Phone number

Policyholder signature

Date